



*The Commonwealth of Massachusetts*  
*Registry of Motor Vehicles*  
*Vehicle Inspection Services*  
*One Copley Place, 5th Floor, Boston 02116*

Daniel A. Grabauskas  
Registrar

Mail:  
P.O. Box 199109  
Boston, MA 02119-9109

***Inspection Station Complaint Form***

Note: Please fill out the following required information *completely*.

Name: \_\_\_\_\_ Registration (plate number): \_\_\_\_\_  
Address: \_\_\_\_\_ Plate Type (passenger, etc): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color: \_\_\_\_\_  
VIN Number: \_\_\_\_\_ Current Mileage on Vehicle \_\_\_\_\_  
Inspection Station Name: \_\_\_\_\_ Station Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Test ID Number: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Inspector Name: \_\_\_\_\_ Inspector Number: \_\_\_\_\_

My complaint is: \_\_\_\_\_ Emissions related \_\_\_\_\_ Safety related \_\_\_\_\_ Both emissions & safety  
I wish to: \_\_\_\_\_ Challenge The Inspector's Decision\*\* \_\_\_\_\_ File This Complaint \_\_\_\_\_ Request an Investigation

(\*\*Note: If the RMV determines the inspector was correct in failing your vehicle, it will cost you \$29)

***NOTE: Please attach a copy of your Vehicle Inspection Report to this form.***

YES NO

Is your vehicle available for inspection during normal business hours? \_\_\_\_\_

Location: \_\_\_\_\_

Description of problem (use additional sheets if necessary): \_\_\_\_\_

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Signature \_\_\_\_\_ Date of Complaint \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_